

# Dr Yahaya Mohammed

## Quality Report

Hollington Surgery  
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Website: not applicable

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Yahaya Mohammed on 27 September 2016. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses and when things went wrong reviews and investigations were undertaken. There was evidence that lessons learned were being communicated, however minutes of meetings did not demonstrate whole practice discussion and review.
- Although some risks to patients who used services were assessed, there were areas where risks had not been identified. For example, there was a lack of general environmental risk assessments, DBS (disclosure and barring service) risk assessments and

legionella risk assessment. In other areas there were risk assessments but action taken to mitigate the risk was insufficient. For example, the lack of fire drills being conducted and appropriately recorded.

- There were recruitment checks but a nurse recruited from an agency did not have references on record and a healthcare assistant did not have a DBS in place, although one had been applied for.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe. Blank prescriptions were not stored or kept securely and there were refrigerated medicine management issues.
- There were emergency procedures. However, one of the GPs was not up to date with basic life support training, there was no record of regular defibrillator checks and there was expired aspirin in the box of emergency medicines.

# Summary of findings

- Mandatory training was not up to date for all clinical staff.
- There were infection control processes and an audit had been undertaken with clear evidence of action having been taken by the practice, with the exception of a carpet in a treatment room which was due to be removed but there was no clear timeline for this.
- There were systems to keep patients safeguarded from abuse and all staff had received training at an appropriate level.
- There was limited evidence of proactive engagement with patients and their involvement in improving services. Although we were told that a virtual patient participation group (PPG) was in existence and there were plans to develop this further, there was no evidence of the practice being proactive in approaching the PPG.
- Data showed patient outcomes were low compared to the national average in 2014/15. However, 2015/16 figures showed improvements from the previous year, with evidence of audits being used to drive improvement.
- Multidisciplinary working was taking place with representation from external professionals including health visitors and palliative care specialists.
- Patients said they were treated with compassion, dignity and respect, that staff were friendly and approachable and listened to them.
- Ensure that medicines management processes are implemented to keep patients safe.
- Ensure that emergency equipment is monitored and recorded appropriately.
- Ensure that all staff have up to date mandatory training and that induction processes are clearly recorded.
- Ensure that risks within the practice are appropriately assessed including those relating to the environment and legionella and that appropriate mitigating actions are taken and monitored to manage those risks identified.
- Ensure recruitment arrangements include all necessary pre-employment checks for all staff.
- Ensure that infection control audits and action as a result are ongoing and that improvements are monitored.
- Ensure that the patient participation group is active and that patient feedback is utilised through the use of surveys.

In addition the provider should:

- Continue to take action to improve patient outcomes in relation to national QOF data.
- Ensure that there is a clear record of meeting minutes relating to discussions around significant events.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

The areas where the provider must make improvements are:

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses and when things went wrong reviews and investigations were undertaken. There was evidence that lessons learned were being communicated. However, minutes of meetings did not demonstrate whole practice discussion and review.
- Although some risks to patients who used services were assessed, there were areas where risks had not been identified. There was a lack of general environmental risk assessments, DBS (disclosure and barring service) risk assessments and legionella risk assessments. There was a fire risk assessment but no records of a fire drill having been undertaken were documented.
- There were recruitment checks but a nurse recruited from an agency did not have references on record and a healthcare assistant did not have a DBS in place, although one had been applied for.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe. Medicines and blank prescriptions were not stored or kept securely. As well as, refrigerated medicine management issues.
- There were emergency medicines and equipment in place, however there was no record of regular defibrillator checks and there was expired aspirin in the box of emergency medicines.
- There were infection control processes and an audit had been undertaken with clear evidence of action having been taken. A carpet in a treatment room was due to be removed but there was no clear timeline for this.

There were systems to keep patients safeguarded from abuse and all staff had received training at an appropriate level.

**Requires improvement**



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Training for clinical staff was not always up to date.

**Requires improvement**



# Summary of findings

- Data showed patient outcomes in 2014/15 were low compared to the national average. However, 2015/16 figures showed improvements.
- Knowledge of and reference to national guidelines were apparent and there was evidence of the use of clinical audit in relation to practice compliance against national guidance.
- Multidisciplinary working was taking place with representation from external professionals including health visitors and palliative care specialists.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, they provided extended hours appointments for patients unable to access the practice during normal working hours.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent and routine appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



# Summary of findings

- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not consistently effective. For example, in relation to legionella and general health and safety and medicine management.
- The practice had a virtual patient participation group (PPG) although there were no survey results or evidence of proactive engagement with the group.
- The practice had a vision and a strategy and there was a documented leadership structure and staff felt supported by management.
- All staff had received appraisals or probationary reviews as appropriate but there was no record of induction held on staff files.
- The practice had a number of policies and procedures to govern activity.
- Staff attended regular staff meetings and open discussions were reflected in the minutes of these meetings.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as requires improvement for providing safe, effective and well-led services, and good for caring and responsive services. The issues identified affects all patients including this population group.

- Monthly multi-disciplinary meetings were held where the most vulnerable patients had their care plans reviewed, including some patients from this group.
- The practice held a register of patients at risk of unplanned admission to hospital and worked proactively with other services to manage this risk. They had identified patients who were frail through a frailty index score and had developed appropriate care plans accordingly.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. For example, performance indicators for heart failure were similar to CCG averages at 100%, whereas performance for peripheral arterial disease at 72% was 24% below the CCG average of 96%.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for providing safe, effective and well-led services, and good for caring and responsive services. The issues identified affects all patients including this population group.

- Performance for diabetes related indicators at 83% were worse when compared to the CCG (90%) national (90%) averages.
- The practice had made improvements in their QOF performance since the previous year and unverified data from the practice demonstrated that these improvements had continued.
- Longer appointments and home visits were available when needed. Patients had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met.

**Requires improvement**



### Families, children and young people

The practice is rated as requires improvement for providing safe, effective and well-led services, and good for caring and responsive services. The issues identified affects all patients including this population group.

**Requires improvement**



# Summary of findings

- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 97% compared with the CCG average from 85% to 97% and five year olds from 78% to 98% compared with the CCG average from 79% to 96%.
- Appointments were available outside of school hours.
- The practice's uptake for the cervical screening programme was 76% which was comparable to the CCG average national average of 82%.

## Working age people (including those recently retired and students)

The practice is rated as requires improvement for providing safe, effective and well-led services, and good for caring and responsive services. The issues identified affects all patients including this population group.

- The practice offered extended opening hours for appointments on a Monday morning and evening.
- Patients could book appointments and order repeat prescriptions online.
- Health promotion advice was offered and there was accessible health promotion material available through the practice.

Requires improvement



## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing safe, effective and well-led services, and good for caring and responsive services. The issues identified affects all patients including this population group.

- The practice had carried out annual health checks for people with a learning disability. Appointments for patients with a learning disability were longer. The practice liaised with local learning disability services and staff to ensure their register was up to date.
- All staff had attended safeguarding training relating to vulnerable adults and knew how to recognise signs of abuse in vulnerable adults and children.
- The practice used a system of alerts to remind them of patients requiring additional help such as those requiring interpreters or those with disabilities.

Requires improvement





# Summary of findings

## People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for providing safe, effective and well-led services, and good for caring and responsive services. The issues identified affects all patients including this population group.

- Performance for mental health related indicators at 93% were similar to the CCG (92%) and national (93%) averages.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health and those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice worked with other services to support patients with substance misuse issues.

## Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 254 survey forms were distributed and 108 were returned. This represented 3% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards which were all positive about the standard of care received. Comments from patients' who completed the comment cards included those that described the service as 'fantastic' and 'exceptional' and those stating they got appointments when they needed them and that they felt listened to.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were professional, approachable, friendly, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that medicines management processes are implemented to keep patients safe.
- Ensure that emergency equipment is monitored and recorded appropriately.
- Ensure that all staff have up to date mandatory training and that induction processes are clearly recorded.
- Ensure that risks within the practice are appropriately assessed including those relating to the environment and legionella and that appropriate mitigating actions are taken and monitored to manage those risks identified.

- Ensure recruitment arrangements include all necessary pre-employment checks for all staff.
- Ensure that infection control audits and action as a result are on-going and that improvements are monitored.
- Ensure that the patient participation group is active and that patient feedback is utilised through the use of surveys.

### Action the service **SHOULD** take to improve

- Continue to take action to improve patient outcomes in relation to national QOF data.
- Ensure that there is a clear record of meeting minutes relating to discussions around significant events.

# Dr Yahaya Mohammed

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

## Background to Dr Yahaya Mohammed

Dr Yahaya Mohammed offers general medical services to people living and working in Ashford, and surrounding areas. The practice population has a higher than average proportion of patients with a long standing health condition. They also have a higher than average percentage of unemployment and higher than average single parent families with higher income deprivation affecting children. The practice is placed in the fifth less deprived decile.

The practice holds a General Medical Service contract and is led by one male GP. The GP is supported by a salaried GP (female), a practice nurse, a healthcare assistant, a practice manager, and a team of three reception and administrative staff. A range of services and clinics are offered by the practice including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, and weight management support.

The practice is open between 8.00am and 6.00pm Tuesday, Thursday and Friday. Between 6.00pm and 6.30pm services are provided through an out of hour's contract with Integrated Care 24 (IC24). Wednesday they are open from 8.00am to 2.00pm. On a Wednesday afternoon calls are transferred to a mobile phone carried by one of the GPs. On a Monday the practice is open from 7.00am to 8.00pm, providing extended hours appointments for patients

unable to access services during working hours. The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider (111/IC24).

Services are provided from:

Dr Yahaya Mohammed

Hollington Surgery

Blue Line Lane

Ashford

Kent

TN24 8UN

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 September 2016.

During our visit we:

# Detailed findings

- Spoke with a range of staff (two GPs, a practice nurse, a healthcare assistant, the practice manager and one member of the reception team) and spoke with three patients who used the service.
- Observed how patients were being cared for in their interactions with staff members when booking in.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed seven comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events and we were told incidents were discussed in meetings with staff on a quarterly basis where opportunities for learning and improving services were explored.

We reviewed safety records, incident reports and patient safety alerts. However, minutes of meetings did not include records of discussions about incidents and learning although staff told us they were involved in discussions. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, staff told us of changes to appointment booking processes that included checks of patient addresses and dates of birth following an incident where the wrong patient was booked for an x-ray.

### Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse, which included:

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of

staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Minutes of clinical meetings included evidence of discussion of safeguarding issues with health visitors in attendance. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. However, records showed that the healthcare assistant, who acted as a chaperone had not received a Disclosure and Barring Service (DBS) check, although we saw evidence that this had been applied for. Additionally, the practice did not have an appropriate risk assessment to identify which members of staff, (including those administrative staff undertaking chaperone duties) required a DBS check or not. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. The practice did not have a record of historic annual infection control audits being undertaken. However, one had been carried out in August 2016 and we saw evidence that action was taken to address any improvements identified as a result. For example, improvements had been made to the building as a whole including redecoration and fabric chairs in the waiting area had been replaced by wipe clean chairs. Action was still to be taken regarding the flooring in the nurse's treatment room being carpeted as although it had formed part of the action plan from the infection control audit there was no associated timeline.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat

# Are services safe?

prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However, prescriptions for use within computer printers were not kept securely as the printers and rooms they were kept in were not lockable and prescriptions were kept in them overnight, there was no risk assessment associated with this. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The fridge used for the safe storage of vaccines was not routinely checked. Records of fridge temperature checks showed there were periods of several days when the fridge temperatures had not been recorded. The recordings noted had been made by the practice nurse. However, there was no system to check the fridge temperatures on the days when the nurse was not at the practice. We found that other medicines held within the practice were not appropriately secured, as they were stored in a cupboard, in a room both of which had no lock.

- We reviewed four personnel files and found appropriate recruitment checks had generally been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, there was no record of references being sought for one staff member and another did not have a DBS check before commencing their employment, although this had been applied for.

## Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments. We found that regular fire drills had not

been conducted and appropriately recorded. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had some other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control. However, there was no building or general health and safety risk assessments, as well as no legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty. For example, the lead GP and salaried GP would cover for each other.

## Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Most staff received annual basic life support training; however, not all staff were up to date with their training. For example, the salaried GP had not attended basic life support training in more than a year although was on a waiting list to do so.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. We were told that the defibrillator and oxygen were checked on a weekly basis although there was no records to support this. The oxygen and defibrillator pads were in date on the day of inspection.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. However, aspirin kept in the emergency medicines box had expired and had not been removed from the box, although a replacement 'in date' box was also available.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/16 were 85% of the total number of points available, this was 11% below the CCG (clinical commissioning group) average, however was an improvement of 11% when compared to the practice's performance figures for 2014/15. Exception reporting was 4% which was 5% below the CCG (clinical commissioning group) average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

- Performance for diabetes related indicators at 83% were worse when compared to the CCG (90%) national (90%) averages.
- Performance for mental health related indicators at 93% were similar to the CCG (92%) and national (93%) averages.
- 62% of patients with asthma had received an asthma review in the preceding 12 months which was worse than the CCG (66%) and national (69%) averages.
- Performance for chronic obstructive pulmonary disease (COPD) indicators at 79% was worse when compared to the CCG (93%) and national (96%) averages.

QOF figures for 2014/15 showed a large variation in the number of patients with COPD who had a review undertaken in the preceding 12 months (60% compared with national data of 89%). However, newly published 2015/16 figures showed an improvement in this area with 76% now having had a review compared with the national average of 79%.

There was evidence of quality improvement including clinical audit.

- We were shown two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits and national benchmarking. For example, they regularly met with the local medicines management team to review performance.
- Findings were used by the practice to improve services. For example, action taken as a result included changes to prescribing of statins (cholesterol lowering medicines) for patients on specific blood pressure lowering medicines. The audit included a review of side effects and on-going monitoring over a period of months.

The lead GP was planning on auditing the incidence of chronic obstructive pulmonary disease (COPD) to support improvements with their QOF results as there was higher prevalence than national and CCG averages.

### Effective staffing

Staff generally had the skills, knowledge and experience to deliver effective care and treatment although there were gaps in the mandatory training updates for some staff.

- The practice had an induction checklist for all newly appointed staff. However, this was not a comprehensive induction programme that covered such topics as safeguarding, infection prevention and control, fire safety awareness, health and safety and confidentiality. Additionally, we did not see completed induction records for newly employed staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had attended training in areas such as diabetes, cardiology and respiratory conditions.



# Are services effective?

## (for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months or had received probationary reviews if they were new into post.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. However, not all clinical staff were up to date with some areas of training. For example, GPs had no record of attending Mental Capacity Act (2005) and deprivation of liberty safeguards (DoLS), information governance or infection control training. Additionally, the GPs and nurse had no record of having attended fire safety training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff demonstrated an understanding of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 although not all staff had attended training in this area.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and general wellbeing. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the practice and from local services.

The practice's uptake for the cervical screening programme was 76% which was comparable to the CCG average national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring there was a female sample taker available. Nursing staff had also provided information for patients with a learning disability in an easy read format and had worked with other services to provide information and education for these patients. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.



## Are services effective?

(for example, treatment is effective)

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example 69% of women aged between 50 and 70 had been screened for breast cancer in the last 36 months compared with the CCG and national average of 72%. Fifty two percent of eligible patients had been screened for bowel cancer, which was slightly lower when compared with the CCG average of 61% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example,

childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 97% compared with the CCG average from 85% to 97% and five year olds from 78% to 98% compared with the CCG average from 79% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the seven patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was similar to or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We reviewed a sample of care plans and found they were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets about cervical screening were available in easy read format.

### Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 35 patients as carers (1% of the practice list). There were notices about support available to carers in the waiting area. Written information was available to direct carers to the various avenues of support available to them. Carers were given appointments at flexible times to work around their caring responsibilities.

Staff told us that if families had suffered bereavement, their GP contacted them. This call was either followed by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered appointments on a Monday from 7.15am and during the evening until 8.00pm for working patients who could not attend during normal opening hours.
- Telephone appointments and advice was available.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offer a five day a week phlebotomy service.
- There was a midwife on site one day a week.
- The practice worked closely with local alcohol and substance misuse services to support patients with a history of alcohol and drug use.
- Patients have access to in-house physiotherapy for people with musculoskeletal conditions including sports injuries.

### Access to the service

The practice was open between 8.00am and 6.00pm Tuesday, Thursday and Friday. Between 6.00pm and 6.30pm services were provided through an out of hour's contract with IC24. Wednesday they were open from 8.00am to 2.00pm. On a Wednesday afternoon calls were transferred to a mobile phone carried by one of the GPs. On a Monday the practice was open from 7.00am to 8.00pm, providing extended hours appointments for patients unable to access services during working hours. In addition, appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 97% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice had both routine and emergency appointments available and staff told us that any patient needing to be seen would be.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

For example, the GP would contact each patient requesting a home visit and undertake an assessment by phone. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had an effective system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example through use of an information leaflet and a form that patients were asked to fill in.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. There was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, there was evidence of staff

# Are services responsive to people's needs?

(for example, to feedback?)

reflection on complaints and learning as a result. This included staff exploring their own practice to identify areas for improvement in response to a complaint from a patient about a staff members attitude.

# Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- Their vision was to ensure that 'the service we provide is the service we are happy to receive'.
- The practice had a strategy which reflected the vision and values and engaged with other local practices and the CCG to explore future options to meet patient's needs.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- Clinical and internal audit was used to monitor quality and to make improvements.
- However, arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not consistently effective. For example, in relation to legionella and general health and safety.

### Leadership and culture

Staff told us they prioritised high quality and compassionate care to meet the needs of patients. Staff told us the GPs and the practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). The management of the practice encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GPs and the manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Seeking and acting on feedback from patients, the public and staff

The GPs and manager told us they encouraged and valued feedback from patients, the public and staff. We saw that complaints and comments were addressed as they arose and that positive and complimentary feedback was shared with staff.

- We were told that the practice had a virtual patient participation group (PPG) although there was no survey results or evidence of proactive engagement with the group. There was little evidence of patients proactively influencing improvements within the practice, although patients we spoke with on the day of inspection told us they had noted improvements being made.
- The practice had gathered feedback from staff through staff meetings and generally through appraisals and one to one meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

# Are services well-led?

Requires improvement



(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was engaged with other local services and the lead GP attended regular meetings aimed at improving outcomes for patients in the area. In addition, both the

practice manager and the practice nurse attended regular local forums; where they would meet with peers and attend training aimed at ensuring services for patients were up to date.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had failed to ensure that medicines management was safe, that infection control activities were established and embedded and that equipment checks relating to equipment used in emergencies were appropriately recorded.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>The provider had failed to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>



This section is primarily information for the provider

## Requirement notices

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### **How the regulation was not being met:**

The provider had failed to ensure that all staff training and induction were completed as necessary to enable them to carry out the duties they were employed to perform.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

#### **How the regulation was not being met:**

The provider had failed to ensure that pre-employment recruitment checks were appropriately in place prior to commencement in post.

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.